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Contribution of the Commission on Science and Technology for Development to the 2009 Economic and Social Council annual ministerial review

Note by the Secretariat

In response to Economic and Social Council resolution 2008/29, in which the Council requested the functional commissions of the Council to contribute to the annual ministerial review and the Development Cooperation Forum, the Commission on Science and Technology for Development agreed to transmit herewith (see annex) the Chairperson's summary of the joint panel discussion held during its twelfth session (25-29 May, Geneva), on the theme "Delivering innovation in global public health" (see E/2009/31, annex), as an input to the 2009 Economic and Social Council annual ministerial review on the theme "Implementing the internationally agreed goals and commitments in regard to global public health".

* E/2009/100.

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Annex

Chairman's summary of the joint panel discussion on the theme "Delivering innovation in global public health" as an input to the 2009 Economic and Social Council annual ministerial review

A meeting of the joint panel organized by the Commission on Science and Technology for Development, the World Health Organization (WHO), the International Telecommunication Union (ITU) and the Global Alliance for Information and Communication Technologies and Development was held on 26 May, within the framework of the twelfth session of the Commission. Participants concluded that innovation in public health provision was more important now than it had ever been in the light of enormous public health challenges. Innovation in public health provision was necessary to make the Millennium Development Goals on health, currently far behind target, achievable by 2015 largely through making existing solutions more widely available at a lower cost. Information and communications technology (ICT) provides great opportunities for improved health service delivery through m-health and e-health services.

The keynote speaker gave a thorough presentation on the challenges to public health and the main issues regarding improving innovation in public health provision. The serious challenges to adequate public health provision related to escalating costs of health care, health-care infrastructure, health system financing, health services workforce shortages and ensuring leadership in health care. Some of the major obstacles included social disparities in health and in access to services, political, environmental and food security threats to health, HIV/AIDS and pandemic influenza. Those issues presented a global challenge because of the ease with which diseases may spread globally. Public health innovations needed to focus on prevention, chronic disease management and access to essential medicines while simultaneously improving affordability and promoting appropriate use. The WHO World Health Assembly had adopted the global strategy and agreed parts of the related plan of action on public health, innovation and intellectual property in May 2008. However, the strategy needed to be put into action and supported by member States. Innovation in drug development was currently skewed disproportionately towards solutions to medical problems afflicting a small proportion of the global population rather than to diseases in poor countries and of poor people. To maximize social impact, research and development in health should be more strongly driven by public need. Recuperation of revenues through high prices of drugs also served to severely restrict access and reduce the availability of some important drugs.

There were also important issues regarding access to health research results and improved management of medical information through health information technology programmes. Improvements in public health provision could be achieved by increasing support for knowledge production, transfer, reception and use in health through better funding, robust career support to health providers and researchers, improved access to information via networks, improving the uptake of innovations in health delivery, rewarding innovative knowledge production through

health innovation awards, strengthening the academic structure for public health sciences and promoting a more informed dialogue on public health.

Some speakers pointed out that e-health, m-health and telemedicine had the potential for improving seemingly intractable problems in health-care provision, such as limited access and uneven quality of care, as well as those attributed to cost. Those new applications of ICT towards health-care provision had created avenues for medical diagnosis and patient care to take place without face-to-face contact between providers and patients. For example, the use of ICT for patient-data management and remote consultation, particularly in remote and under-served areas in developing countries, were said to be some of the major contributions in the use of ICT for public health provision. Several speakers raised the issue of what types of relations were possible between traditional health practitioners and doctors and nurses in remote parts of developing countries where doctors and nurses may be scarce and too expensive for poor people to access. One speaker noted that local traditional knowledge and community participation in public health provision were important. Indeed, the content of health delivery was the key; the mechanism of delivery was absolutely secondary in importance.

One speaker argued that ICT could be used in the fight against sexually transmitted diseases and maternal and child care through the dissemination of information and sensitization. The speaker argued that websites and mobile phones were instrumental in the fight against HIV/AIDS, and cited instances where they had been used successfully in Tunisia. Another speaker provided some examples where ICT was used to impact on public health in remote African countries. The examples included the use of toll free numbers, data collection and the creation of support groups to address health-care issues.

Some participants observed that ICT alone was insufficient to promote adequate health-care delivery and that basic health-care provision challenges remained, such as the training of health-care providers, the brain drain of health professionals, the lack of essential medicines and access to health technologies such as MRI scans, simple diagnostics and prophylaxis.

Participants stressed that in order for ICT to be fully exploited for health, particularly in developing countries, further research on their viability needed to be carried out and a number of issues should be taken into consideration. These issues included infrastructural challenges, how illiteracy hindered the optimal use of ICT by patients, and the lack of ICT training for people along the health-care value chain for the coordination of patient management systems, diagnostic use and monitoring.

Participants noted that countries should adopt an all-inclusive approach in the strategic alignment of ICT and health-care stakeholders. There was currently a general lack of coordination at the national level in many countries between authorities in charge of ICT and ministries of health. Policies in the two areas needed to be integrated. There was also a pattern of fragmented approaches to e-health emerging in developing countries with too many players and no coherent road map. It was also noted that innovation in public health provision models could not be simply copied from other countries without tailoring to local circumstances. Participants also noted that public-private partnerships for ICT should be supported by governments and donor communities. The World Health Organization had instituted e-health initiatives and was promoting the use of ICT in public health.

One speaker raised the issue of the negative health impact of mobile phone disposal in some developing countries and the dumping of e-waste, suggesting that guidelines were needed for the disposal of e-waste. Other speakers agreed that that was an important issue, and several noted that there was currently a big push to look at environmental issues related to ICT.

Several speakers noted the central importance of open source, open access and open standards for medical information and e-health.

The panel discussion highlighted the potential and challenges of e-health with examples of implementations from around the world. As with the application of any technology in the area of health, the central questions are: What should be the driver of its development and implementation? How can its adoption and utilization be cost effective and contribute to public health and health care? What are the most effective modes of collaboration and prioritization where there are many stakeholders, and resources and capacity may be limited but needs are great?